

[Your Practice Name]

[Your Address]

[Your Phone Number]

DISCLOSURE STATEMENT

DEGREES AND CREDENTIALS

[List Degrees, University, & Date]

[License Type & Number]

[Certificates or other]

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under **CRS 12.43.214 (1)(c)**. Questions or complaints may be addressed to:

**Colorado State Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80202
(303) 894-7760**

Under this statute, **12.43.214 (1)(d) CRS**, you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Grievance Board.

12.43.214 (1)(d) CRS states that information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in section **12.43.218** and except for certain legal exceptions which will be identified by the licensee should any such situation arise during therapy.

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

Client's Signature (Guardian for Minor)

Date

Therapist's Signature

Date